

Second Regular Session of the 120th General Assembly (2018)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2017 Regular Session of the General Assembly.

## HOUSE ENROLLED ACT No. 1007

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AN ACT to amend the Indiana Code concerning health.

*Be it enacted by the General Assembly of the State of Indiana:*

SECTION 1. IC 12-7-2-76.8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 76.8. **(a)** "Employed", "employee", "employment", or "employs", for purposes of IC 12-17.2-3.5, has the meaning set forth in IC 12-17.2-3.5-1.3.

**(b) "Employee", for purposes of IC 12-23-23, has the meaning set forth in IC 12-23-23-1.**

SECTION 2. IC 12-7-2-98.6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: **Sec. 98.6. "Guidelines", for purposes of IC 12-23-23, has the meaning set forth in IC 12-23-23-2.**

SECTION 3. IC 12-15-11-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 2. A provider desiring to participate in the Medicaid program by providing to individuals eligible for Medicaid services ~~other than physician services provided by a managed care provider~~, shall file a provider agreement with the office on forms provided by the office.

SECTION 4. IC 12-15-11-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 5. **(a)** A provider who participates in the Medicaid program must comply with the enrollment requirements that are established under rules adopted under IC 4-22-2 by the secretary.

**(b) A provider who participates in the Medicaid program may**

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be required to use the centralized credentials verification organization established in section 9 of this chapter.

SECTION 5. IC 12-15-11-9 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: **Sec. 9. (a) The office shall implement a centralized credentials verification organization and credentialing process that:**

- (1) uses a common application, as determined by provider type;
- (2) issues a single credentialing decision applicable to all Medicaid programs, except as determined by the office;
- (3) recredentials and revalidates provider information not less than once every three (3) years;
- (4) requires attestation of enrollment and credentialing information every six (6) months; and
- (5) is certificated or accredited by the National Committee for Quality Assurance or its successor organization.

(b) A managed care organization or contractor of the office may not require additional credentialing requirements in order to participate in a managed care organization's network. However, a contractor may collect additional information from the provider in order to complete a contract or provider agreement.

(c) A managed care organization or contractor of the office is not required to contract with a provider.

(d) A managed care organization or contractor of the office shall:

- (1) send representatives to meetings and participate in the credentialing process as determined by the office; and
- (2) not require additional credentialing information from a provider if a non-network credentialed provider is used.

(e) Except when a provider is no longer enrolled with the office, a credential acquired under this chapter is valid until recredentialing is required.

(f) An adverse action under this section is subject to IC 4-21.5.

(g) The office may adopt rules under IC 4-22-2 to implement this section.

(h) The office may adopt emergency rules to implement this section. However, an emergency rule adopted under this section expires the earlier of:

- (1) one (1) year after the rule was accepted for filing under IC 4-22-2-37.1(e); or
- (2) June 30, 2019.



**This subsection expires July 1, 2019.**

**(i) The office shall report the timeliness of determinations made under this section to the legislative council in an electronic format under IC 5-14-6 not later than December 31, 2018. This subsection expires January 1, 2019.**

SECTION 6. IC 12-15-22-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 1. If after investigation the office determines that a provider has violated a Medicaid statute or rule adopted under a Medicaid statute, the office may impose at least one (1) of the following sanctions:

- (1) Denial of payment to the provider for Medicaid services provided during a specified time.
- (2) Rejection of a prospective provider's application for participation in the Medicaid program.
- (3) Termination of a provider agreement permitting a provider's participation in the Medicaid program.
- (4) Assessment of a civil penalty against the provider in an amount not to exceed three (3) times the amount paid to the provider in excess of the amount that was legally due.
- (5) Assessment of an interest charge, at a rate not to exceed the rate established by IC 24-4.6-1-101(2) for judgments on money, on the amount paid to the provider in excess of the amount that was legally due. The interest charge accrues from the date of the overpayment to the provider.

**(6) Exclusion from the Medicaid program for a period of time consistent with 42 U.S.C. 1320a-7 et seq.**

SECTION 7. IC 12-23-18-5.5, AS AMENDED BY P.L.209-2015, SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 5.5. (a) The division may not grant specific approval to be a new opioid treatment program. This section does not apply to applications for new opioid treatment programs:

- (1) pending prior to March 1, 2007; or
- (2) that are operated by a hospital licensed under IC 16-21, an institution licensed under IC 12-25, or a certified community mental health center:
  - (A) within the licensed hospital, institution, or center; or
  - (B) in a separate office that meets federal opioid treatment program requirements;
 and that meets the requirements of this section.

(b) A hospital licensed under IC 16-21, an institution licensed under IC 12-25, or a certified community mental health center may apply to the division to operate an opioid treatment program. Upon approval,



the hospital, institution, or community mental health center may operate an opioid treatment program in compliance with this chapter and federal law.

(c) Before June 30, 2018, the division may approve the operation of not more than five (5) additional opioid treatment programs described in subsection (a)(2) only if the division determines as described in subsection ~~(e)~~ (f) that there is a need for a new opioid treatment program in the proposed location and the requirements of this chapter are met.

**(d) Beginning July 1, 2018, the division may approve the operation of not more than nine (9) additional opioid treatment programs described in subsection (a)(2) only if the division determines as described in subsection (f) that there is a need for a new opioid treatment program in the proposed location and the requirements of this chapter are met.**

~~(d)~~ (e) Not later than June 30, 2018, the division shall report to the general assembly in an electronic format under IC 5-14-6 concerning whether any new opioid treatment programs have been approved under subsection (c). The report must include the following:

- (1) The impact on access to opioid treatment programs.
- (2) The number of individuals served in the opioid treatment programs approved under subsection (c).
- (3) Treatment outcomes for individuals receiving services in the opioid treatment programs approved under subsection (c).
- (4) Any recommendations the division has concerning future treatment programs.

~~(e)~~ (f) The division shall adopt rules under IC 4-22-2 setting forth the manner in which the division will determine whether there is a need for a new opioid treatment program in a proposed program location's geographic area.

SECTION 8. IC 12-23-19-3, AS AMENDED BY P.L.203-2017, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 3. Except as provided in IC 12-23-19.5, mental health and addiction forensic treatment services may be administered or coordinated only by a provider certified ~~or licensed~~ by the division of mental health and addiction **or licensed by the Indiana professional licensing agency to provide mental health and addiction treatment services.**

SECTION 9. IC 12-23-23 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]:

**Chapter 23. Employee Substance Abuse Treatment**



**Sec. 0.5.** This chapter is subject to the approval of the Indiana commission to combat drug abuse.

**Sec. 1.** As used in this chapter, "employee" means an individual who:

- (1) has recently been hired by an employer; or
- (2) is a current employee;

and failed a drug screening and is not covered by an employment assistance program.

**Sec. 2.** As used in this chapter, "guidelines" refers to the best practice guidelines established by the division under section 4 of this chapter.

**Sec. 3.** An employer may elect to comply with this chapter.

**Sec. 4.** The division shall establish best practice guidelines to assist employers with employees who:

- (1) are qualified for employment with the employer; and
- (2) have failed a drug screening;

to employ the individual if the individual agrees to participate in a drug education and addiction treatment program that complies with the guidelines under this chapter as a condition of continued employment.

**Sec. 5.** An employee may be eligible for a treatment program under this chapter if the employee provides signed consent for the employer to receive necessary documentation regarding participation and completion of services.

**Sec. 6.** The division shall do the following:

- (1) Promote voluntary participation for all employers regardless of the number of employees.
- (2) Develop and deliver informational resources and training for employers that include the following information:
  - (A) A definition of a substance use disorder.
  - (B) Signs and symptoms of a substance use disorder.
  - (C) Appropriate treatment options for a substance use disorder.
  - (D) Required substance use disorder treatment confidentiality regulations, including regulations related to the federal Health Insurance Portability and Accountability Act (HIPAA) and adopted under 42 CFR Part 2.
  - (E) Insurance coverage navigation.
  - (F) Addiction recovery.
  - (G) Relapse and how to manage it.
  - (H) Creating a recovery supportive work environment.



**(I) A list of certified addiction treatment providers that an employer may use under the guidelines to provide onsite drug education and addiction treatment services for the employees.**

**(J) Referrals to addiction treatment professionals licensed under IC 25-23.6.**

**Sec. 7. (a) The guidelines must include the following components:**

**(1) Referral for:**

**(A) clinical assessment and evaluation;**

**(B) education; and**

**(C) treatment, if clinically indicated.**

**(2) Verification the employee has:**

**(A) actively participated in a recommended drug education and addiction treatment program; and**

**(B) demonstrated successful compliance with the initial assessment and evaluation recommendations.**

**(3) Providing for a follow-up drug testing plan for the employee.**

**(4) Guidance to employers for actions allowed under subsection (b).**

**(b) An employer may do the following:**

**(1) Require the employee to participate in the recommended drug education and addiction treatment services as a condition of employment.**

**(2) Discipline or terminate the employment of an employee who does not comply with the recommendations for the employee's recommended drug education and addiction treatment services.**

**(3) Elect to pay for all or part of the employee's drug education and addiction treatment services.**

**(4) If the employee has assigned the employee's wages under IC 22-2-6-2(a), deduct from the employee's wages to pay for a part of the employee's drug education and addiction treatment services.**

**Sec. 8. If an employee who is in a recommended drug education and addiction treatment program violates the employer's drug policy, the employer is not required to provide any subsequent recommended drug education and addiction treatment. However, if an employer offers an employee an opportunity to retain employment after a violation of the drug policy, the employer shall ensure that the treatment provider is notified of the employee's**



violation of the employer's drug policy.

**Sec. 9. (a)** The division shall annually collect the following information:

- (1) The number of employers participating under this chapter.
- (2) The following information that each participating employer must submit to the division by March 1 for the preceding calendar year:
  - (A) The number of individuals who applied for employment and failed a drug screening.
  - (B) The number of individuals in clause (A) who were offered employment under the guidelines.
  - (C) The number of individuals in clause (B) who accepted the offer of employment under the guidelines.
  - (D) The number of individuals in clause (B) who declined the offer of employment under the guidelines.
  - (E) The number of individuals in clause (C) who completed a recommended drug education and addiction treatment program.
- (3) Any other relevant information determined by the division.

(b) The division shall report the information collected under subsection (a) to the legislative council. The report submitted under this subsection must be in an electronic format under IC 5-14-6.

**Sec. 10.** The division shall ensure that the criteria for appropriate drug education and addiction treatment services meet federal requirements under:

- (1) Executive Order 12564; and
- (2) Public Law 100-71.

**Sec. 11.** The division may adopt rules under IC 4-22-2 to administer this chapter.

**Sec. 12. (a)** If an employer complies with the requirements under this chapter, the employer is not liable for a civil action alleging negligent hiring for a negligent action by the employee as a result of the employee's drug addiction in the scope of employment.

(b) In a civil action that is against an employer, an employer's agent, or an employer's employee, an employer's participation in a drug education or addiction treatment program is not admissible as evidence.

SECTION 10. IC 22-2-6-2, AS AMENDED BY HEA 1031-2018,



SECTION 110, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 2. (a) Any assignment of the wages of an employee is valid only if all of the following conditions are satisfied:

- (1) The assignment is:
    - (A) in writing;
    - (B) signed by the employee personally;
    - (C) by its terms revocable at any time by the employee upon written notice to the employer; and
    - (D) agreed to in writing by the employer.
  - (2) An executed copy of the assignment is delivered to the employer within ten (10) days after its execution.
  - (3) The assignment is made for a purpose described in subsection (b).
- (b) A wage assignment under this section may be made for the purpose of paying any of the following:
- (1) Premium on a policy of insurance obtained for the employee by the employer.
  - (2) Pledge or contribution of the employee to a charitable or nonprofit organization.
  - (3) Purchase price of bonds or securities, issued or guaranteed by the United States.
  - (4) Purchase price of shares of stock, or fractional interests in shares of stock, of the employing company, or of a company owning the majority of the issued and outstanding stock of the employing company, whether purchased from such company, in the open market or otherwise. However, if such shares are to be purchased on installments pursuant to a written purchase agreement, the employee has the right under the purchase agreement at any time before completing purchase of such shares to cancel said agreement and to have repaid promptly the amount of all installment payments which theretofore have been made.
  - (5) Dues to become owing by the employee to a labor organization of which the employee is a member.
  - (6) Purchase price of merchandise, goods, or food offered by the employer and sold to the employee, for the employee's benefit, use, or consumption, at the written request of the employee.
  - (7) Amount of a loan made to the employee by the employer and evidenced by a written instrument executed by the employee subject to the amount limits set forth in section 4(c) of this chapter.
  - (8) Contributions, assessments, or dues of the employee to a





hospital service or a surgical or medical expense plan or to an employees' association, trust, or plan existing for the purpose of paying pensions or other benefits to said employee or to others designated by the employee.

(9) Payment to any credit union, nonprofit organizations, or associations of employees of such employer organized under any law of this state or of the United States.

(10) Payment to any person or organization regulated under the Uniform Consumer Credit Code (IC 24-4.5) for deposit or credit to the employee's account by electronic transfer or as otherwise designated by the employee.

(11) Premiums on policies of insurance and annuities purchased by the employee on the employee's life.

(12) The purchase price of shares or fractional interest in shares in one (1) or more mutual funds.

(13) A judgment owed by the employee if the payment:

(A) is made in accordance with an agreement between the employee and the creditor; and

(B) is not a garnishment under IC 34-25-3.

(14) The purchase of uniforms and equipment necessary to fulfill the duties of employment. The total amount of wages assigned may not exceed the lesser of:

(A) two thousand five hundred dollars (\$2,500) per year; or

(B) five percent (5%) of the employee's weekly disposable earnings (as defined in IC 24-4.5-5-105(1)(a)).

(15) Reimbursement for education or employee skills training. However, a wage assignment may not be made if the education or employee skills training benefits were provided, in whole or in part, through an economic development incentive from any federal, state, or local program.

(16) An advance for:

(A) payroll; or

(B) vacation;

pay.

**(17) The employee's drug education and addiction treatment services under IC 12-23-23.**

(c) The interest rate charged on amounts loaned or advanced to an employee and repaid under subsection (b) may not exceed the bank prime loan interest rate as reported by the Board of Governors of the Federal Reserve System or any successor rate, plus four percent (4%).

SECTION 11. IC 25-23.6-5-3.5, AS AMENDED BY P.L. 192-2017, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



JULY 1, 2018]: Sec. 3.5. (a) The applicant for a license as a clinical social worker must have at least two (2) years of clinical social work experience after receiving a graduate degree in social work and under the supervision of a qualified supervisor as determined by the board.

(b) If an individual is obtaining the clinical social work experience described in subsection (a) in Indiana, the individual must be licensed as a social worker under section 1 of this chapter.

(c) A doctoral internship may be applied toward the supervised clinical social work experience requirement.

(d) Except as provided in subsection (e), the clinical social work experience requirement may be met by work performed at or away from the premises of the qualified supervisor.

(e) The clinical social work requirement may not be performed away from the qualified supervisor's premises if:

- (1) the work is the independent private practice of clinical social work; and
- (2) the work is not performed at a place with the supervision of a qualified supervisor available.

(f) Any supervised clinical social work experience hours that an applicant accumulates under this chapter **after being licensed as a social worker under section 1 of this chapter** do not expire and may be used by the applicant to satisfy the supervised clinical social work experience requirements under this chapter.

**(g) After obtaining a temporary permit under section 11.5 of this chapter, any supervised clinical social work experience hours that an applicant accumulates under this chapter before the temporary permit expires may be used by the applicant to satisfy the supervised clinical social work experience requirements under this chapter during the following time after the applicant obtained the temporary permit:**

**(1) For not more than four (4) years.**

**(2) After the four (4) year period, if approved by the board.**

SECTION 12. IC 25-23.6-5-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 11. (a) The board may issue a temporary permit to an individual to profess to be a ~~social worker~~ or clinical social worker if the individual pays a fee and the individual.

(1) has a valid license or certificate to practice from another state and the individual has passed an examination substantially equivalent to the level for which licensure is being requested;

(2) is practicing in a state that does not license or certify social workers or clinical social workers, but is certified by a national



association approved by the board and the individual has applied for a license from the board; or

(3) has been approved by the board to take the examination and has graduated from a school or program approved by the board and the individual has completed any experience requirement.

(b) A temporary permit expires the earlier of:

(1) the date the individual holding the permit is issued a license under this article;

(2) the date the board disapproves the individual's license application; or

(3) one hundred eighty (180) days after the initial permit is issued.

(c) The board may renew a temporary permit if the individual holding the permit was scheduled to take the next examination and the individual:

(1) did not take the examination; and

(2) shows good cause for not taking the examination.

(d) A permit renewed under subsection (c) expires on the date the individual holding the permit receives the results from the next examination given after the permit was issued, and may not be extended if the applicant has failed the examination.

SECTION 13. IC 25-23.6-5-11.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: **Sec. 11.5. The board shall issue a temporary permit to practice social work to an individual who:**

**(1) meets the educational requirements for a license as a social worker; and**

**(2) pays a fee for the temporary permit set by the board.**

**A temporary permit issued under this section expires one (1) year after the date the permit is issued, without regard to the number of times the individual passes or fails the required examination to become a licensed social worker. The temporary permit may not be renewed.**

SECTION 14. IC 25-23.6-8-1.5, AS ADDED BY P.L.134-2008, SECTION 40, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: **Sec. 1.5. (a)** An individual who applies for a license as a marriage and family therapist associate must meet the following requirements:

(1) Furnish satisfactory evidence to the board that the individual has:

(A) received a master's or doctor's degree in marriage and family therapy, or in a related area as determined by the board from an institution of higher education that meets the



requirements under section 2.1(a)(1) of this chapter or from a foreign school that has a program of study that meets the requirements under section 2.1(a)(2) or 2.1(a)(3) of this chapter; and

(B) completed the educational requirements under section 2.5 of this chapter.

(2) Furnish satisfactory evidence to the board that the individual does not have a conviction for a crime that has a direct bearing on the individual's ability to practice competently.

(3) Furnish satisfactory evidence to the board that the individual has not been the subject of a disciplinary action by a licensing or certification agency of another state or jurisdiction on the grounds that the individual was not able to practice as a marriage and family therapist associate without endangering the public.

(4) Pay the fee established by the board.

(5) Pass an examination provided by the board.

**(b) The board shall issue an associate temporary permit to practice marriage and family therapy to an individual who:**

**(1) meets the educational requirements for a license as a marriage and family therapist;**

**(2) is pursuing the required clinical supervisory hours for a license as a marriage and family therapist; and**

**(3) pays a fee for the temporary permit set by the board.**

**An associate temporary permit issued under this subsection expires one (1) year after the date the permit is issued, without regard to the number of times the individual passes or fails the required examination to become a licensed marriage and family therapist. The temporary permit may not be renewed.**

SECTION 15. IC 25-23.6-8.5-1.5, AS ADDED BY P.L.84-2010, SECTION 59, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 1.5. **(a)** An individual who applies for a license as a mental health counselor associate must meet the following requirements:

(1) Furnish satisfactory evidence to the board that the individual has:

(A) received a master's or doctor's degree in mental health counseling therapy or in a related area as determined by the board from an institution of higher education that meets the requirements under section 2 of this chapter or from a foreign school that has a program of study that meets the requirements under section 2(3)(A) or 2(3)(B) of this chapter; and

(B) completed the educational requirements under section 3 of



this chapter.

- (2) Furnish satisfactory evidence to the board that the individual does not have a conviction for a crime that has a direct bearing on the individual's ability to practice competently.
- (3) Furnish satisfactory evidence to the board that the individual has not been the subject of a disciplinary action by a licensing or certification agency of another state or jurisdiction on the grounds that the individual was not able to practice as a mental health counselor associate without endangering the public.
- (4) Pay the fee established by the board.
- (5) Pass an examination provided by the board.

**(b) The board shall issue an associate temporary permit to practice mental health counseling to an individual who:**

- (1) meets the educational requirements for a license as a mental health counselor;**
- (2) is pursuing the required clinical supervisory hours for a license as a mental health counselor; and**
- (3) pays a fee for the temporary permit set by the board.**

**An associate temporary permit issued under this subsection expires one (1) year after the date the permit is issued, without regard to the number of times the individual passes or fails the required examination to become a licensed mental health counselor. The temporary permit may not be renewed.**

SECTION 16. IC 25-23.6-10.5-1.5, AS AMENDED BY HEA 1250-2018, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 1.5. **(a)** An individual who applies for a license as an addiction counselor associate must meet the following requirements:

- (1) Furnish satisfactory evidence to the board that the individual has:
  - (A) received a baccalaureate or higher degree in addiction counseling, or in a related area as determined by the board from:
    - (i) an eligible postsecondary educational institution that meets the requirement under section 3(1) of this chapter; or
    - (ii) a foreign school that has a program of study that meets the requirement under section 3(2) or 3(3) of this chapter; and
  - (B) completed the educational requirements under section 5 of this chapter.
- (2) Furnish satisfactory evidence to the board that the individual does not have a:



- (A) conviction for a crime of violence (as defined in IC 35-50-1-2(a)(1) through IC 35-50-1-2(a)(19)); or
- (B) conviction in the previous two (2) years that has a direct bearing on the individual's ability to practice competently.
- (3) Furnish satisfactory evidence to the board that the individual has not been the subject of a disciplinary action by a licensing or certification agency of another state or jurisdiction on the grounds that the individual was not able to practice as an addiction counselor associate without endangering the public.
- (4) Pass an examination established by the board.
- (5) Pay the fee established by the board.

**(b) The board shall issue an associate temporary permit to practice addiction counseling or clinical addiction counseling to an individual who:**

- (1) meets the educational requirements for a license as an addiction counselor or clinical addiction counselor;**
- (2) is pursuing the required clinical supervisory hours for a license as an addiction counselor or clinical addiction counselor; and**
- (3) pays a fee for the temporary permit set by the board.**

**An associate temporary permit issued under this subsection expires one (1) year after the date the permit is issued, without regard to the number of times the individual passes or fails the required examination to become a licensed addiction counselor or clinical addiction counselor. The temporary permit may not be renewed.**

SECTION 17. IC 27-8-6-7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: **Sec. 7. (a) As used in this section, "policy of accident and sickness insurance" has the meaning set forth in IC 27-8-5-1.**

**(b) A policy of accident and sickness insurance that provides coverage for substance abuse or chemical dependency treatment shall provide the coverage for substance abuse or chemical dependency treatment that is:**

- (1) rendered by:**
  - (A) an addiction counselor; or**
  - (B) a clinical addiction counselor;**
- who is licensed under IC 25-23.6-10.5; and**
- (2) within the scope of practice of the addiction counselor or clinical addiction counselor.**

**(c) A policy of accident and sickness insurance that provides coverage for substance abuse or chemical dependency treatment shall provide the coverage for substance abuse or chemical**



dependency treatment that is rendered by a marriage and family therapist licensed under IC 25-23.6-8 if the rendered service is within the scope of practice of the marriage and family therapist.

**(d) This section does not require a policy of accident and sickness insurance to provide coverage for substance abuse or chemical dependency treatment generally.**

SECTION 18. IC 27-8-11-7, AS ADDED BY P.L.26-2005, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 7. (a) This section applies to an insurer that issues or administers a policy that provides coverage for basic health care services (as defined in IC 27-13-1-4).

(b) The department of insurance shall prescribe the credentialing application form used by the Council for Affordable Quality Healthcare (CAQH) in electronic or paper format, which must be used by:

- (1) a provider who applies for credentialing by an insurer; and
- (2) an insurer that performs credentialing activities.

(c) An insurer shall notify a provider concerning a deficiency on a completed credentialing application form submitted by the provider not later than thirty (30) business days after the insurer receives the completed credentialing application form.

(d) An insurer shall notify a provider concerning the status of the provider's completed credentialing application not later than:

- (1) sixty (60) days after the insurer receives the completed credentialing application form; and
- (2) every thirty (30) days after the notice is provided under subdivision (1), until the insurer makes a final credentialing determination concerning the provider.

**(e) Notwithstanding subsection (d), if an insurer fails to issue a credentialing determination within thirty (30) days after receiving a completed credentialing application form from a provider, the insurer shall provisionally credential the provider if the provider meets the following criteria:**

- (1) The provider has submitted a completed and signed credentialing application form and any required supporting material to the insurer.**
- (2) The provider was previously credentialed by the insurer in Indiana and in the same scope of practice for which the provider has applied for provisional credentialing.**
- (3) The provider is a member of a provider group that is credentialed and a participating provider with the insurer.**
- (4) The provider is a network provider with the insurer.**
- (f) The criteria for issuing provisional credentialing under**



subsection (e) may not be less stringent than the standards and guidelines governing provisional credentialing from the National Committee for Quality Assurance or its successor organization.

(g) Once an insurer fully credentials a provider that holds provisional credentialing, reimbursement payments under the contract shall be retroactive to the date of the provisional credentialing. The insurer shall reimburse the provider at the rates determined by the contract between the provider and the insurer.

(h) If an insurer does not fully credential a provider that is provisionally credentialed under subsection (e), the provisional credentialing is terminated on the date the insurer notifies the provider of the adverse credentialing determination. The insurer is not required to reimburse for services rendered while the provider was provisionally credentialed.

SECTION 19. IC 27-13-43-3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: **Sec. 3. (a) Notwithstanding section 2 of this chapter, if a health maintenance organization fails to issue a credentialing determination within thirty (30) days after receiving a completed credentialing application form from a provider, the health maintenance organization shall provisionally credential the provider if the provider meets the following criteria:**

- (1) The provider has submitted a completed and signed credentialing application form and any required supporting material to the health maintenance organization.**
- (2) The provider was previously credentialed by the health maintenance organization in Indiana and in the same scope of practice for which the provider has applied for provisional credentialing.**
- (3) The provider is a member of a provider group that is credentialed and a participating provider with the health maintenance organization.**
- (4) The provider is a network provider with the health maintenance organization.**

**(b) The criteria for issuing provisional credentialing under subsection (a) may not be less stringent than the standards and guidelines governing provisional credentialing from the National Committee for Quality Assurance or its successor organization.**

**(c) Once a health maintenance organization fully credentials a provider that holds provisional credentialing, reimbursement payments under the contract shall be retroactive to the date of the provisional credentialing. The health maintenance organization**





shall reimburse the provider at the rates determined by the contract between the provider and the health maintenance organization.

**(d) If a health maintenance organization does not fully credential a provider that is provisionally credentialed under subsection (a), the provisional credentialing is terminated on the date the health maintenance organization notifies the provider of the adverse credentialing determination. The health maintenance organization is not required to reimburse for services rendered while the provider was provisionally credentialed.**

SECTION 20. IC 31-9-2-31, AS AMENDED BY P.L.162-2011, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 31. (a) "Custodian", for purposes of the juvenile law, means a person with whom a child resides.

(b) "Custodian", for purposes of IC 31-34-1, includes any person who is:

- (1) a license applicant or licensee of:
  - (A) a foster home or residential child care facility that is required to be licensed or is licensed under IC 31-27;
  - (B) a child care center that is required to be licensed or is licensed under IC 12-17.2-4; or
  - (C) a child care home that is required to be licensed or is licensed under IC 12-17.2-5;
- (2) a person who is responsible for care, supervision, or welfare of children while providing services as an owner, operator, director, manager, supervisor, employee, or volunteer at:
  - (A) a home, center, or facility described in subdivision (1);
  - (B) a child care ministry, as defined in IC 12-7-2-28.8, that is exempt from licensing requirements and is registered or required to be registered under IC 12-17.2-6;
  - (C) a home, center, or facility of a child care provider, as defined in ~~IC 12-7-2-149.1(4)~~; **IC 12-7-2-149.1(5)**;
  - (D) a home, center, or facility that is the location of a program that provides child care, as defined in section 16.3 of this chapter, to serve migrant children and that is exempt from licensing under IC 12-17.2-2-8(6), whether or not the program is certified as described in IC 12-17.2-2-9; or
  - (E) a school, as defined in section 113.5 of this chapter;
- (3) a child caregiver, as defined in section 16.4 of this chapter;
- (4) a member of the household of the child's noncustodial parent; or
- (5) an individual who has or intends to have direct contact, on a



regular and continuing basis, with a child for whom the individual provides care and supervision.

SECTION 21. IC 34-30-2-47.6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: **Sec. 47.6. IC 12-23-23-12 (Concerning negligent hiring actions against employers who hire employees in a drug education and addiction treatment program).**

SECTION 22. [EFFECTIVE UPON PASSAGE] (a) As used in this SECTION, "opioid treatment program" refers to a program:

- (1) through which opioid agonist medication is dispensed to an individual in the treatment of opiate addiction and for which certification is required under 42 CFR Part 8; and
- (2) that is subject to IC 12-23-18.

(b) The legislative council is urged to assign to an appropriate interim study committee the task of studying the impact that opioid treatment programs have on the neighborhoods and communities in the immediate area of the opioid treatment programs. An interim study committee assigned a study under this SECTION shall do the following:

- (1) Consider the effect on the neighborhoods and communities in the immediate area that the opioid treatment programs have on the following:

- (A) Criminal activity, including violent crimes, property crimes, and drug related crimes.
- (B) Emergency medical services, including the number of calls for assistance, runs provided, and cases of overdoses.
- (C) The effect on the local economy, including the area property values.
- (D) The effect on the residents' quality of life, including any additional traffic and excessive noises.
- (E) Any other direct impacts that opioid treatment programs have on the surrounding area.

- (2) Study other states' and localities' best practices to monitor and regulate opioid treatment programs to reduce negative impacts to the neighborhoods and communities in the immediate area of the opioid treatment programs.

(c) This SECTION expires January 1, 2019.

SECTION 23. An emergency is declared for this act.



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Speaker of the House of Representatives

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President of the Senate

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President Pro Tempore

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Governor of the State of Indiana

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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